

CHAPTER 75-09.1-02.1
CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL CARE -
ADOLESCENT ASAM LEVEL III.1

Section

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75-09.1-02.1-01. Definition. As used in this chapter "clinically managed low-intensity residential care" means a substance abuse treatment program that provides an ongoing therapeutic environment for clients requiring some structured support in which treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the client into the world of work, education, and family life, adaptive skills that may not have been achieved or have been diminished during the client's active addiction. Such programs must offer at least five hours per week of low-intensity treatment, the focus of which will be on issues in ASAM dimensions four, five, and six, as well as ASAM dimension three if appropriate mental health services are available onsite or by contractual arrangement. Clinically managed low-intensity residential care is also designed for the adolescent requiring extended treatment to sustain and further therapeutic gains made at a more intensive level of care because of the client's functional deficits such as developmental immaturity, greater than average susceptibility to peer influence, or lack of impulse control. This level is also sometimes warranted as a substitute for or supplement to the deficits in the adolescent's recovery environment such as chaotic home situation, drug-using caretakers or siblings, or a lack of daily structured activities such as school. The residential component of clinically managed low-intensity residential care may be combined with low-intensity outpatient, intensive outpatient, or day treatment.

History: Effective October 26, 2004.

General Authority: NDCC 50-06-16, 50-31

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75-09.1-02.1-02. Provider criteria.

1. A clinically managed low-intensity residential care program shall maintain a safe, comfortable, alcohol-free, and drug-free environment.
2. A clinically managed low-intensity residential care program shall provide to clients a full meal service that meets established nutritional guidelines.
3. A clinically managed low-intensity residential care program shall implement written referral procedures and agreements with providers of services to enable clients to receive necessary aftercare, other therapeutic services, vocational rehabilitation and educational

instruction such as general educational development preparation and literacy training and attendance at local support groups for clients not having completed high school.

4. A clinically managed low-intensity residential care program shall provide to an adolescent still enrolled in school onsite staff or onsite or offsite contractors for the provision of accredited educational services or short-term educational services linked to home school designed to maintain current learning.
5. A clinically managed low-intensity residential care program shall provide staff twenty-four hours per day.
6. A clinically managed low-intensity residential care program shall offer a minimum of five hours a week of professionally directed treatment in addition to other treatment services a client may receive such as partial hospitalization or intensive outpatient treatment. Professionally directed treatment must include two support or two group sessions a week.
7. A clinically managed low-intensity residential care program shall collaborate with care providers to develop an individual treatment plan for each client with time-specific goals and objectives.
8. A clinically managed low-intensity residential care program shall maintain a record of each client's progress and activities in the program.

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75-09.1-02.1-03. Program criteria.

1. A clinically managed low-intensity residential care program shall provide services designed to improve a client's ability to structure and organize the tasks of daily living and recovery.
2. A clinically managed low-intensity residential care program shall provide educational and informational programming to enhance client recovery.
3. A clinically managed low-intensity residential care program shall provide family and caregiver treatment.
4. A clinically managed low-intensity residential care program shall provide activities to promote a client's social skill development.
5. A clinically managed low-intensity residential care program shall provide to clients support group meetings available onsite or transportation assistance to offsite support group meetings.

6. A clinically managed low-intensity residential care program shall provide transportation assistance to clients so that they may use offsite rehabilitation services.

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75-09.1-02.1-04. Admission criteria. Before a clinically managed low-intensity residential care program may admit a client, the client must:

1. Meet diagnostic criteria for a substance-related disorder of the DSM;
and
2. Meet specifications in each of the six ASAM dimensions. Specifically, the client;
 - a. Must not be in need of detoxification from alcohol or drugs nor have any signs or symptoms of withdrawal that cannot be safely managed by the program;
 - b. Must not have a physical condition or complication impacting immediate safety or well-being requiring twenty-four-hour medical or nursing interventions and be capable of self-administering any prescribed medications but has a biomedical condition that distracts from recovery efforts and requires limited residential supervision to ensure adequate treatment or to provide support to overcome the distraction; or continued substance use would place the adolescent at risk of serious damage to the client's health because of the biomedical condition or an imminently dangerous pattern of high-risk use;
 - c. Must not have an emotional, behavioral, or cognitive condition or complication that impacts immediate safety or well-being requiring twenty-four-hour medical or nursing interventions unless in a dual diagnosis program but does have problems in the areas of dangerousness or lethality to self or others; interference with addiction recovery efforts; social functioning; ability for self-care; or course of illness;
 - d. Must be at a stage of readiness to change in which the client requires limited twenty-four-hour supervision to promote or sustain progress through the stages of change and is cooperative and likely to engage in treatment at this level of care;
 - e. Is in danger of relapse because of a lack of monitoring or is in danger of relapse because supervision between treatment encounters at a less intensive level of care has been a major barrier to abstinence; recovery skills are not yet sufficient to

overcome environmental triggers such as peer pressure; or a history of chronic substance use, repeated relapse, or resistance to treatment predicts continued use or relapse without residential containment;

- f. Has been living in an environment in which there is a high risk of neglect or initiation or repetition of physical, sexual, or severe emotional abuse; has a family member or other household member with an active substance use disorder; substance use is endemic in the home environment; has a social network that is too chaotic or ineffective to support or sustain treatment goals; or has logistical impediments such as distance from a treatment facility or lack of transportation that precludes participation at a less intensive level of care; and
- 9. Is able to cope for limited periods of time outside of the residential structure to pursue clinical, vocational, educational, and community activities.

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